BEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
. •	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	9 5 - 0 5 2	LOUISIANA
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  October 29, 1995	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for each an	mendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 1995-96 \$ 78,939	
42 CFR 447.253		4,684
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D page 12	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable): Same (95–38)	
10. SUBJECT OF AMENDMENT: The purpose of this amen support costs to a combined total of twenty-f costs including plant operation and maintenance linen and laundry expenses, personal recipient	four percent (24%) of all others, cost related to capital as	er programmatic ssets, dietary,
11. GOVERNOR'S REVIEW (Check One):		
<ul> <li>☐ GOVERNOR'S OFFICE REPORTED NO COMMENT</li> <li>☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</li> <li>☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</li> </ul>	OTHER, AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	Department of Health and Hospitals Bureau of Health Services Financing P. O. Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME:		
14. TITLE:		
Secretary	baton Rouge, LA 70021-703	O
15. DATE SUBMITTED: December 21, 1995		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: January 2, 1996	18. DATE APPROVED:  JUNE 6, 200	
	NE COPY ATTACHED	
OCTOBER 29, 1995 BREXXXXXHHHH	O. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Steve McAdoo CALVIN G. CLINE	TITLE: Associate Regional Administrator  Division of Medicald	
23. REMARKS:		handan 1 :
* expenses, training and educational e and in-house ancillary services expenses.	expenses, recreational, nouse	keeping consultant

## TATE OF LOUISIANA

- c. <u>Rate Year</u> The rate year is the one year period from July 1 through June 30 of the next calendar year during which a particular set of rates is in effect. It corresponds to the State's fiscal year.
- d. <u>Base Rates</u> Base rates were established by assigning each facility to a Capacity/LOC grouping and averaging each facility's issued rate for July 1, 1987 within that group.
- e. <u>Fixed Cost</u> Interest from line item C-1-17 (Interest (other than capital assets)) and capital costs from Line C-1-52 (Total Cost related to Capital Assets) of the cost report.
  - Non-Fixed Cost All other costs not captured in Fixed Cost above. Effective for dates of service October 29, 1995 and after, administrative and general support costs are limited to a combined total of twenty-four (24%) per cent of programmatic costs which include plant operation and maintenance, costs related to capital assets, dietary expenses, linen and laundry expenses, housekeeping expenses, personal recipient needs, medical and nursing expenses, therapeutic and training expenses, recreational expenses, consultant expenses, education expenses and in-house ancillary services expenses.

Base Rate Components - Base rates are the summation of the components shown below. Each base rate component is intended to reimburse for the costs indicated by its name. Both cost component amounts are based on averages by facility size grouping and LOC for the base year.

Base Rate Component Economic Adjustment Factor

Non-Fixed Cost Items

CPI - All Items

Fixed Cost

None (1)

Return on Investment

None (2)

- (1) No inflation allowed.
- (2) Adjusted by a return on investment (ROI) factor of 5%

## 2. Cost Reporting Requirements

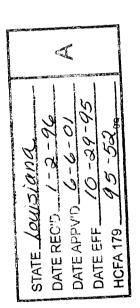
a. Initial Reporting

The initial cost report must contain costs for a full twelve-month period and be reported on the State's fiscal year of July 1 through June 30.

SUPERSFORS: TN. LA 95-38

N# 95 - 52 Approval Date 6/6/01 Effective Date 10/39/95

Supersedes
TN# 95 - 38



f.